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| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | J.G.     | 20     | 9/2/10   |
| O.I.P.E. CLASSIFIER       | HT       | 829    | 9/9/10   |
| FORMALITY REVIEW          |          |        | 10/05/10 |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 (Through numerical) ..... Canceled A ..... Appeal  
 ..... Restricted O ..... Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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